

®

**REGISTRATION AND RELEASE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_

**RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS  
PHYSICAL DEFENSE SYSTEM**

The undersigned hereby acknowledges to Rape Aggression Defense Systems, Inc., it's Founder, Executive Board, Staff and Instructor(s);

That she will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That should she choose to participate, is aware of the physical nature and possible risks of injury incident to taking this practical course in self defense. That she is physically fit to participate in this course, involving various physical techniques, and she realizes that self defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgement, and a persons natural abilities.

She also acknowledges that it is very possible that at some period in her training, she may on some occasion, unknowingly or otherwise, practice with another participant who is HIV positive, or infected with another blood borne pathogen. She may also be inadvertently exposed to bleeding or blood in the workout area. There is no way to predict, or entirely prevent this. In as much, participant agrees to assume all the foregoing risks and accepts personal responsibility for conditions and damages associated with such contact.

The undersigned hereby releases Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and Instructor(s), and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

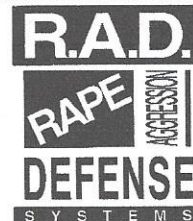
The undersigned also acknowledges that Rape Aggression Defense Systems, Inc. is not responsible for the selection of trainers, training environments, training procedures or training equipment that an individual Instructor may use during this program.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

Signature \_\_\_\_\_

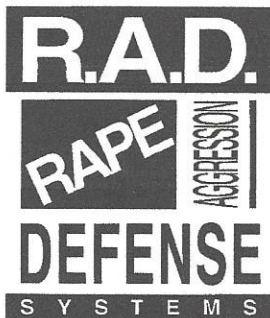
Date \_\_\_\_\_

**R.A.D. SYSTEMS**  
1406 S. Range Ave. Suite 1  
Denham Springs, LA 70726  
(225) 791-4430



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**REVISED 7/2013**



## WELLNESS INFORMATION FORM

Full Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency (please contact)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Confidential Medical History

1. Date of Most Recent Medical Examination: \_\_\_\_\_

2. Do you feel fine – Without Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Please Describe: \_\_\_\_\_

3. Have you ever been hospitalized or treated for an injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

4. Have you ever been injured and not received medical attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

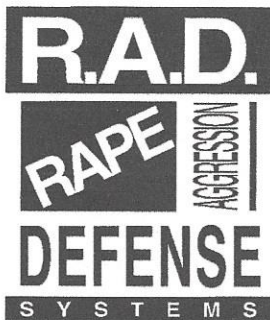
5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

6. Are you currently using any prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

7. Do you have: Any known Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_



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## WELLNESS INFORMATION FORM

Full Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency (please contact)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Confidential Medical History

1. Date of Most Recent Medical Examination: \_\_\_\_\_

2. Do you feel fine – Without Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Please Describe: \_\_\_\_\_

3. Have you ever been hospitalized or treated for an injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

4. Have you ever been injured and not received medical attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

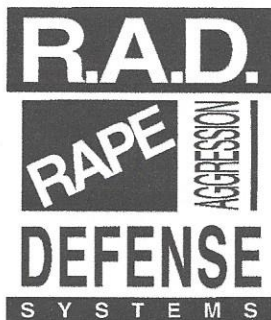
5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

6. Are you currently using any prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

7. Do you have: Any known Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_



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Difficulty Breathing? Yes \_\_\_\_ No \_\_\_\_

High Blood Pressure? Yes \_\_\_\_ No \_\_\_\_

Diabetes? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

8. How frequently do you exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

9. Are you or have you ever been involved in self-defense or Martial Arts Training? Yes \_\_\_\_ No \_\_\_\_

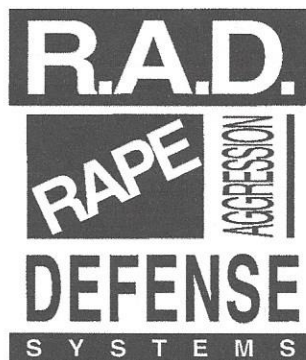
If yes, please describe: \_\_\_\_\_

10. Please describe your perception of your current fitness level.

The above information is complete, true and accurate to the best of my knowledge.

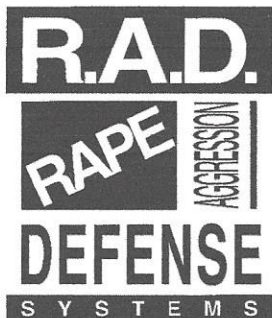
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Instructor Check



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R.A.D. SYSTEMS  
23305 HWY 16  
DENHAM SPRINGS, LA 70726  
(225) 791-4430



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## PARENTAL CONSENT FORM

I \_\_\_\_\_, authorize my daughter, \_\_\_\_\_, to attend the upcoming physical defense course offered by an Instructor certified to teach the R.A.D. Self Defense Program at \_\_\_\_\_, on \_\_\_\_\_.

My signature below hereby acknowledges to Rape Aggression Defense Systems, Inc. its Founder, Executive Board, Staff and Instructor(s);

That my daughter will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That my daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in self defense. That she is physically fit to participate in this course, involving various physical techniques; and that she realizes that self defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgement, and a persons natural abilities.

I also acknowledges that it is very possible that at some period in her training, she may on some occasion, unknowingly or otherwise, practice with another participant who is HIV positive, or infected with another blood borne pathogen. She may also be inadvertently exposed to bleeding or blood in the workout area. There is no way to predict, or entirely prevent this. In as much, participant and guardian agree to assume all the foregoing risks and accepts personal responsibility for conditions and damages associated with such contact.

The signatures below hereby release Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and Instructor(s), and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

The signatures below also acknowledge that Rape Aggression Defense Systems, Inc. is not responsible for the selection of trainers, training environments, training procedures or training equipment that an individual Instructor may use during this program.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

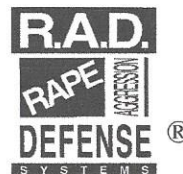
Signature of Legal Guardian \_\_\_\_\_

Telephone Number for Confirmation \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_



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